

**JOSE D. MACATANGAY**  
**MATERIALS LICENSING BRANCH**  
**UNITED STATES NUCLEAR REGULATORY COMMISSION**  
REGION III  
2443 WARRENVILLE ROAD STE 210  
LISLE, ILLINOIS 60532-4352  
OFFICE: (630)-829-9841 FAX: (630) 515-1078

**CONVERSATION RECORD**

|TIME

|DATE

**ACTUALLY FAXED?**

Sent to e-mail.

**11/23/2009**

NAME OF PERSON(S) CONTACTED

Dawn Edwards, Consultant  
dedwards@mpcphysics.com

ORGANIZATION

Metropolitan Hospital  
d/b/a Metro Health Hospital

TELEPHONE NO.

O: (734) 662-3197

SUBJECT

License No.: 21-12829-01

Control No.: 318484

SUMMARY

We have reviewed your letter dated September 01, 2009, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

1. Please clarify what are the requested diagnostic byproduct materials to be authorized for your locations at 555 Mid Towne Avenue NW, Suite 105, Grand Rapids, MI and 1915 W. Washington Street, Suite 1, Greenville, MI. Specifically, will you be utilizing 10 CFR 35.300 byproduct materials at these locations?

We will be unable to continue processing your request until we receive this information. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

Please submit a **signed written response** within 7-days or contact me to arrange an alternate response date. Be sure to reference control number 318484 to facilitate correct processing of your response.

If we do not receive a written response within 7-days, please note that we may void this request in order to enable you to prepare a quality response without time constraints. This would be done without prejudice to the resubmission of your request at a later date. Upon receipt of your response we will resume our review. Address your written response to my attention at the above address.

Upon receipt of your response we will resume our review.

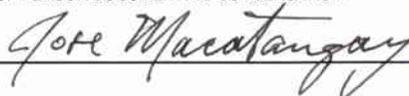
**PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9892**

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Jose Macatangay



November 23, 2009